

MENTAL HEALTH TRUST FUND INSTRUCTIONS

***** REVISED *****

Instructions for the 2011-12 Second Quarter Report.

- ◆ Reports must be returned by **May 31, 2012**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ◆ Report 2011-12 second quarter deposits made October through December 2011.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17601
In the columns titled "October", "November", and "December", enter the total amounts deposited October 27, November 23, and December 27, 2011, respectively.
 - b. Less: State Hospital Offset
W & I Code Sec. 17601
In the columns titled "October", "November", and "December", enter the State Hospital Service contract offset amounts from October through December 2011, respectively.
 - c. Less: Managed Care Offset
In the columns titled "October", "November", and "December", enter the Managed Care Program offset amounts from October through December 2011, respectively.
 - d. Total Sales Tax Revenue
Enter the total of lines 1a, 1b, and 1c.
2. County/City Matching Funds
 - a. Mental Health Match
W & I Code Sec. 17608.05
***** REVISED *****
In the columns titled "October", "November", and "December" enter the amount of local matching funds deposited from October through December 2011, respectively, in accordance with the schedule developed by the State Department of Mental Health.
 - b. Vehicle License Fees
W & I Code Sec. 17608.10(b)
***** REVISED *****
In the columns titled "October", "November", and "December", enter the amount deposited October through December, respectively, corresponding to the VLF allocation of the CALWORKS Maintenance of Effort (MOE) apportionment. For more information, see report at http://www.sco.ca.gov/ard_payments_realign_fy1112_calworks.html.
 - c. Total Matching Funds
Enter the total of lines 2a, and 2b.
3. Other (identify)
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited
Enter the total of lines 1e, 2c, and 3.

Disbursements

5. Transfers to Operating Funds
Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify)
Enter and identify any other disbursements made during the first quarter.
7. Total Funds Disbursed
Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Trust Funds
W & I Code Sec. 17600.20
Enter the transfers In (Out) between trust fund accounts.

For the County/City of _____

Questions concerning the preparation of this report should be directed to _____

Telephone No. () _____

Certification:

As Mental Health Director for the County/City of _____, I certify that the amounts stated on this report are true, accurate, and complete.

Mental Health Director

(_____)_____
Telephone No.

Date

As Auditor-Controller for the County/City of _____, I concur with the Mental Health Director that the amounts stated on this report are true, accurate, and complete.

Auditor-Controller

() _____
Telephone No.

Date

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2011-12 Second Quarter Report

- ◆ Reports must be returned by April 30, 2012, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ◆ Report 2011-12 second quarter deposits made October through December 2011.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17603
In the columns titled "October", "November", and "December", enter the total amounts deposited October 27, November 23, and December 27, 2011, respectively.
 - b. Less: CMSP Offset
W & I Code Sec. 17603.05
In the columns titled "October", and "November", enter the amounts of the County Medical Services Program offset from October through November 2011, respectively.
Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Total Sales Tax Revenue
Enter the total of lines 1a, and 1b.
2. County/City Matching Funds
 - a. Health Match
W & I Code Sec. 17608.10(a)
In the columns titled "October", "November", and "December", enter the amount of local matching funds deposited from October through December 2011, respectively, in accordance with the schedule shown in W & I Code Section 17608.10.
 - b. Vehicle License Fee
W & I Code Sec. 17608.10(b)
 - i. Allocation
W & I Code Sec. 17604
In the columns titled "October", "November", and "December", enter the amount of county/city matching funds deposited October 27, November 23, and December 27, 2011, respectively, as Vehicle License Fees.
 - ii. Less: CMSP Offset
W & I Code Sec. 17604.05
In the columns titled "October", "November", and "December", enter the amount of the County Medical Services Program offset from October through December 2011, respectively.
Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Total Matching Funds
Enter the total of line 2a, 2b(i), less 2b(ii).
3. Other (identify)
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited
Enter the total of lines 1c, 2c, and 3.

Disbursements

5. Transfers to Operating Funds
Enter the total amounts transferred to other funds for spending purposes.
6. CMSP Payments
Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.
7. Other (identify)
Enter and identify any other disbursements made during the first quarter.
8. Total Funds Disbursed
Enter the total of lines 5, 6, and 7.

Transfers

9. Transfers In (Out) to Other Trust Funds, W & I Code Sec. 17600.20
Enter the transfers In (Out) between trust fund accounts.

For the County/City of _____

Questions concerning the preparation of this report should be directed to _____

Certification:

Auditor-Controller

(_____)_____
Telephone No.

Date

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2010-11 Second Quarter Report.

- ◆ Reports must be returned by **April 30, 2012**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ◆ Report 2011-12 second quarter deposits made October through December 2011.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17602 In the columns titled "October", "November", and "December", enter the total amounts deposited October 27, November 23, and December 27, 2011, respectively.
 - b. Stabilization
W & I Code Sec. 17602(b)(1) In the column titled "November", enter the amount deposited November 23, 2011.
 - c. Total Sales Tax Revenue Enter the total of lines 1a, and 1b.
2. Vehicle License Fees
 - a. Vehicle License Fees
Annual Base
W & I Code Sec. 17604 In the columns titled "October", "November", and "December", enter the total amounts deposited October 27, November 23, and December 27, 2011, respectively.
3. CalWORKs Maintenance of Effort
 - a. Allocation
W & I Code Sec.
17601.20(a) In the columns titled "October", "November", and "December", enter the total amounts deposited October 27, November 23, and December 27, 2011, respectively.
4. Other (identify) Enter and identify all miscellaneous deposits.
5. Total Funds Deposited Enter the total of lines 1c, 2a, 3a and 4.

Disbursements

6. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
7. Other (identify) Enter and identify any other disbursements made during the first quarter.
8. Total Funds Disbursed Enter the total of lines 6 and 7.

Transfers

9. Transfers In (Out) to Other
Trust Funds
W & I Code Sec. 17600.20 Enter the Transfers In (Out) between trust fund accounts.

For the County of _____

Questions concerning the preparation of this report should be directed to _____

Certification:

Auditor-Controller

() _____
Telephone No.

Date